

Foster Family Home - Deficiency Report

Provider ID: 1-250016

Home Name: Mary Jane Sales, NA

Review ID: 1-250016-3

816 Lopez Lane

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 1/15/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/29/26.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - Blood Borne Pathogen certification expired on 1/2/2026 for CG #1 and CG #2.

41.(c) - Only 8 hours of In-service training in 2024 for CG #1.

Foster Family Home Records [11-800-54]

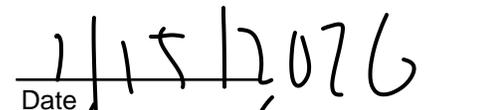
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - No current 1147 for Client #1. Service Plan not updated since admission (5/21/2025) for Client #2.


Compliance Manager

Primary Care Giver


Date

Date
1/15/2026 1:26:15 PM